

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **ISCOM NY, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA Maserati of Manhattan

3. Debtor's federal Employer Identification Number (EIN) **47-5651589**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**1 York Street
New York, NY 10013**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

New York
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **www.maseratiofmanhattan.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Rider	Relationship	Affiliate
District	Southern District of New York	When	Case number, if known

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

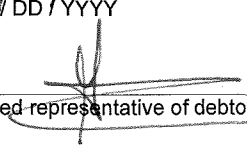
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

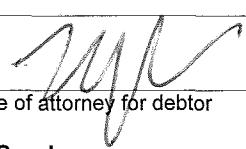
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/10/2017
MM/DD/YYYY

X 
Signature of authorized representative of debtor
Title Manager

Gary B. Flom
Printed name

18. Signature of attorney

X 
Signature of attorney for debtor

Date 07/10/2017
MM/DD/YYYY

Eric J. Snyder
Printed name

Wilk Auslander LLP
Firm name

1515 Broadway, 43rd Floor
New York, NY 10036
Number, Street, City, State & ZIP Code

Contact phone 212-981-2328

Email address esnyder@wilkauslander.com

2161164

Bar number and State

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Rider 1

Pending Bankruptcy Cases Filed by the Debtor and Affiliates of the Debtor

On the date hereof, each of the entities listed below (collectively, the “Debtors”) filed a petition in the United States Bankruptcy Court for the Southern District of New York for relief under chapter 11 of title 11 of the United States Code. The Debtors have moved for joint administration of these cases under the case number assigned to the chapter 11 of BICOM NY, LLC.

- BICOM NY, LLC
- ISCOM NY, LLC
- Bay Ridge Automotive Company, LLC

**UNANIMOUS WRITTEN CONSENT
OF
THE MEMBERS OF BNF PARTNERS NY, LLC
THE SOLE MEMBER OF
BICOM NY, LLC AND ISCOM NY, LLC**

As of June __, 2017

The undersigned being all of the members (collectively, the "Members") of BNF PARTNERS NY, LLC, the sole member of BICOM NY, LLC and ISCOM NY, LLC, do hereby consent to, adopt and approve the following resolutions by unanimous written consent in lieu of a meeting:

GENERAL

WHEREAS, BNF Partners NY, LLC ("BNF") is the sole member of BICOM NY, LLC ("BI") and ISCOM NY, LLC ("IS" and collectively with BI, the "Debtors"); and

BANKRUPTCY PETITION

WHEREAS, the Members of BNF deem it advisable and in the best interests of BNF and the Debtors to have the Debtors file voluntary petitions in the United States Bankruptcy Court (the "Petition") pursuant to Chapter 11 of Title 11 of the United States Code, including, but not limited to, any and all exhibits, schedules and annexes related to the Petition and all agreements, undertakings, certificates, instruments and other documents contemplated thereby and executed and delivered in connection therewith (collectively with the Petition, the "Petition Documents").

AUTHORIZATION

NOW, THEREFORE, BE IT RESOLVED that the Petition and the Petition Documents are hereby approved;

RESOLVED, that the form, terms and provisions of the Petition Documents being delivered in connection with the Petition, and the performance by the Debtors of all of their obligations under the Petition Documents, be, and they hereby are, adopted, approved, ratified and confirmed in all respects;

RESOLVED, that Gary Flom, as Manager of BNF and the Debtors (the "Manager"), is, authorized, empowered and directed, in the name of and on behalf of BNF and the Debtors and under their corporate seal or otherwise, to execute and deliver all documents necessary to perfect the Petition on behalf of Debtors, with such additions thereto or deletions therefrom as the Manager shall, in his or their sole discretion, determine to be necessary, proper or advisable, such determination, and the Member's approval thereof, to be evidenced conclusively by the execution and delivery thereof;

RESOLVED, that the Manager is authorized and directed to appear in all bankruptcy proceedings on behalf of the Debtors and to otherwise do and perform all acts and deeds and to

AB

execute and deliver all necessary documents on behalf of the Debtors in connection with such bankruptcy cases;

RESOLVED, that the Manager on behalf of the Debtors is authorized and directed to employ the law firm of Wilk Auslander LLP to represent the Debtors in such bankruptcy cases;

RESOLVED, that any and all actions taken by the Manager on behalf of BNF and/or the Debtors, in connection with and in furtherance of the matters referred to in the foregoing resolutions, is hereby ratified, confirmed, adopted and approved in all respects;

RESOLVED, that the Manager be and hereby is, authorized, empowered and directed to take all such further action, and to execute, deliver, certify and file all such further agreements, undertakings, certificates, instruments and other documents, in the name and on behalf of BNF and the Debtors, and under their corporate seal or otherwise, and to pay such costs and expense as such Manager in his sole discretion, determines to be necessary, proper or advisable to carry out the intent and accomplish the purposes of the foregoing resolutions and the transactions contemplated thereby; the taking of such actions and the execution and delivery, certification and filing of such agreements, undertakings, certificates, instruments and other documents to be conclusive evidence of the Members ratification, confirmation, adoption and approval thereof; and

RESOLVED, that the Debtors shall not make any distributions to BNF unless such distribution is authorized by the unanimous written consent of all of the Members of BNF as the sole member of the Debtors or pursuant to an order of the United States Bankruptcy Court.

This Consent may be executed and delivered in counterparts (including by electronic transmission), each of which shall be an original instrument, but all of which together shall constitute one Consent.

[Signature Page Follows]

A handwritten signature, possibly reading 'AB', is located in the bottom right corner of the page.

IN WITNESS WHEREOF, the undersigned, being all of the members of the Debtors, have
executed this Unanimous Written Consent as of the date hereof.

Alex Boyko

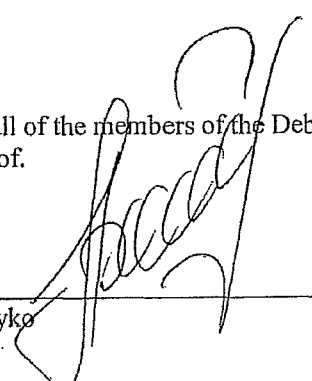
Ven Milva

Gary Flom

[Signature Page to Unanimous Written Consent of the Members -- BNF PARTNERS NY, LLC]

00979793.1

IN WITNESS WHEREOF, the undersigned, being all of the members of the Debtors, have executed this Unanimous Written Consent as of the date hereof.



Alex Boyko

06.22.17

Ven Nilva

Gary Flom

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

----- X
In re: :
 : Chapter 11
ISCOM NY, LLC, :
 :
Debtor. : Case No. 17- [] ()
 :
----- X

CORPORATE OWNERSHIP STATEMENT AND EQUITY INTEREST HOLDERS

The above-captioned debtor (the "Debtor") certifies pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, that the following are corporations, other than a government unit, that directly or indirectly own 10% or more of any class of the Debtor's equity interest:

Member	Approximate Percentage of Interest Held
BNF Partners NY, LLC	100%

The Debtor further certifies pursuant to Rule 1007-3 of the Local Rules for the U.S. Bankruptcy Court for the Southern District of New York that there are no corporations whose securities are publicly traded in which the Debtor directly or indirectly owns 10% or more of any class of the corporation's equity interests, and any general or limited partnership or joint venture in which the Debtor owns an interest.

Dated: New York, New York
7/10, 2017

ISCOM NY, LLC

By: _____

Gary B. Flom
Manager

Fill in this information to identify the case:

Debtor name ISCOM NY, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/10/17

X

Signature of individual signing on behalf of debtor

Gary B. Flom

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **ISCOM NY, LLC**
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aboyoun & Heller LLC 77 Bloomfield Avenue Pine Brook, NJ 07058						\$13,467.87
Auto Design NYC 255 10th Avenue New York, NY 10001			Disputed			\$17,168.50
Avenue Media LLC 72 Madison Avenue New York, NY 10016			Disputed			\$15,000.00
Bloomberg Communications, Inc. PO Box 416985 Boston, MA 02241-6985			Disputed			\$39,544.77
Carnow Inc. 25 South Park Street Hanover, NH 03755			Disputed			\$5,180.00
Cars.com, LLC 2631 Solution Center Chicago, IL 60677-0001			Disputed			\$5,000.00
CBS 880AM Radio 1271 Avenue of the Americas 44th Floor New York, NY 10020			Disputed			\$7,000.00
Dealer Dot Com Inc. PO Box 417785 Boston, MA 02241-7785			Disputed			\$44,820.67

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dealer Socket PO Box 845423 Los Angeles, CA 90084			Disputed			\$8,966.27
Empire State Towing 1403 Story Avenue Bronx, NY 10473			Disputed			\$6,180.00
Francis Gensheimer 112 Bayonne Drive Hewitt, NJ 07421			Disputed			\$4,265.00
James Kelly 250 N. 10th Street Apt. #634 Brooklyn, NY 11211			Disputed			\$4,186.00
New York Design Architects LLP 175 West Broadway New York, NY 10013			Disputed			\$22,782.10
NYS Dept. of Taxation Bankruptcy Division PO Box 5300 Albany, NY 12205-0300			Disputed			\$385,935.00
One Service Source Inc. PO Box 40 Carle Place, NY 11514			Disputed			\$12,520.63
One York Property, LLC 40 Worth Street, Suite 814 New York, NY 10013			Disputed			\$62,466.68
Onsite Wheel Repair Inc. 271 Riley Road New Windsor, NY 12553			Disputed			\$7,350.00
Prestige Car Care of NY 104-55 42nd Avenue Corona, NY 11368			Disputed			\$5,560.00
Rojo Auto Body Corp. 8720 Foster Avenue Brooklyn, NY 11236			Disputed			\$6,875.00
William Mackeigan 60 Marcia Road Ringwood, NJ 07456			Disputed			\$12,850.00

Fill in this information to identify the case:

Debtor name ISCOM NY, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 4,852,021.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 4,852,021.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 4,591,363.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 420,052.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 319,612.35
4. Total liabilities Lines 2 + 3a + 3b	\$ 5,331,027.35

Fill in this information to identify the case:

Debtor name ISCOM NY, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☒ No. Go to Part 2.

☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. See Attachment No. 1

\$180,316.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$180,316.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 273,127.00 - 0.00 =
face amount doubtful or uncollectible accounts

\$273,127.00

Debtor ISCOM NY, LLC Case number (if known) _____
Name

11b. Over 90 days old: 47,542.00 - 0.00 = \$47,542.00
face amount doubtful or uncollectible accounts

12. Total of Part 3. \$320,669.00
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress Open Repair order	06/23/2017	\$0.00		\$532.00
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Parts, Tires, Gog		\$145,728.00	FIFO	\$145,728.00

23. Total of Part 5. \$146,260.00
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

Debtor ISCOM NY, LLC Case number (if known) _____
Name

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture	\$360,933.00	Cost	\$360,933.00
40.	Office fixtures Service, machinery, parts, other	\$70,469.00	Cost	\$70,469.00
41.	Office equipment, including all computer equipment and communication systems equipment and software			
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$431,402.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Demo Inventory	\$104,701.00	FIFO	\$104,701.00
47.2.	New Car Inventory	\$3,588,673.00	FIFO	\$3,588,673.00
47.3.	Pre-owned Inventory	\$80,000.00	FIFO	\$80,000.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			

Debtor **ISCOM NY, LLC**
Name

Case number (If known)

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$3,773,374.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No

☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1.

**One York Street
New York, NY 10013**

Tenant

\$0.00

Unknown

55.2.

**787 Eleventh Avenue
New York, New York**

License

Unknown

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

Debtor ISCOM NY, LLC Case number (if known) _____
Name

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites
Internet \$0.00 Unknown

62. Licenses, franchises, and royalties
Licenses \$0.00 Unknown

63. Customer lists, mailing lists, or other compilations
Lists \$0.00 Unknown

64. Other intangibles, or intellectual property
Other \$0.00 Unknown

65. Goodwill
Goodwill \$0.00 Unknown

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$180,316.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$320,669.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$146,260.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$431,402.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$3,773,374.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$4,852,021.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,852,021.00

Schedule Reporting

Attachment No. 1

Schedule# 29

Schedule Type 4-CONTROLLED

Display Control All Detail

Cutoff Date 06/29/17

Sch#	Control#	Description	Date	Reference#	PO#/Rcpt#	Jnl#	Acct#	Detail	Account#	Account#	Account#	Account#	Account#	Days
29		DEPOSITS ON CONTR...							290					
	1130	CON EDISON												
		06/01/16 BB				BF	290	7,385.61						393
		BRK OUT INDIVIDUAL ENT...	07/01/16	0716AA		11	290	-7,385.61						363
		4-1-16/11-"CONED-DEP"	07/01/16	0716AA		11	290	5,410.00						363
		4-1-16/11-"CONEDISONA"	07/01/16	0716AA		11	290	1,975.61						363
		TOTAL						7,385.61						
	164257	ONE YORK PROPERTY LLC												
		SEC DEP/BICOM CK#3143	07/01/16	2015YE		11	290	60,000.00						363
		TOTAL						60,000.00						
	ONEYORK	RENT DEPOSIT ONE YOR...	09/30/16	12101A		11	290	60,630.29						272
		TOTAL						60,630.29						
		Total Bala...						128,015.90	128,015.90					
		Total Debi...						128,015.90	128,015.90					
		Total Cred...												
		Description					Schedule-To...	%-of-Total			No-Of-TRs	No-Of-BALs		
		Total Current						0.00%						
		Total (31-60)						0.00%						
		Total (61-90)						0.00%						
		Total (91-1...						0.00%						
		Total (121+)					128,015.90	100.00%				3		
		Total Debits					128,015.90					3		
		Total Credits												
		Description					Debit Entries	Credit Entries	Total Entries		No-Of-TRs	No-Of-BALs		
		DEPOSITS ...					135,401.51	-7,385.61	128,015.90		5			
		Total					135,401.51	-7,385.61	128,015.90		5	3		
		General L...					128,015.90							
		Reconcilia...												
		Journal	BF				48,785.61							
		Journal	11				79,230.29				5			
		Total					128,015.90				5			

Fill in this information to identify the case:

Debtor name **ISCOM NY, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
2.1	JP Morgan Chase Bank, NA	\$4,591,363.00	\$3,773,374.00
Creditor's Name		Describe debtor's property that is subject to a lien	
Creditor's mailing address		blanket lien	
Creditor's email address, if known		Describe the lien	
Date debt was incurred		Is the creditor an insider or related party?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
Do multiple creditors have an interest in the same property?		<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No		Is anyone else liable on this claim?	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
		As of the petition filing date, the claim is:	
		Check all that apply	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$4,591,363.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **ISCOM NY, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Berly Fernandez	\$2,720.00	\$2,720.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Christopher Palumbo 15 Meeker Place Apt. #1 Millburn, NJ 07041	\$3,398.00	\$3,398.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **ISCOM NY, LLC**

Name

Case number (if known)

2.3	Priority creditor's name and mailing address Francis Gensheimer 112 Bayonne Drive Hewitt, NJ 07421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,265.00	\$4,265.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Gabriel Vicente 1101 Falls Terrace Mine Hill, NJ 07803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,294.00	\$2,294.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address Gaetano Lippis 2122 33rd Avenue Astoria, NY 11106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,740.00	\$1,740.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address James Kelly 250 N. 10th Street Apt. #634 Brooklyn, NY 11211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,186.00	\$4,186.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **ISCOM NY, LLC**

Case number (if known)

Name

2.7 Priority creditor's name and mailing address

Javier Curo
77 Columbia Street
Apt. #5B
New York, NY 10002

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Unknown \$0.00

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.8 Priority creditor's name and mailing address

Nishant Bais

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Unknown \$0.00

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.9 Priority creditor's name and mailing address

NYS Dept. of Taxation
Bankruptcy Division
PO Box 5300
Albany, NY 12205-0300

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

\$385,935.00 \$385,935.00

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

2.10 Priority creditor's name and mailing address

Peter Lehmann
20 Orchard Street
Apt. #1F
New York, NY 10002

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Unknown \$0.00

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **ISCOM NY, LLC**

Case number (if known)

Name

2.11	Priority creditor's name and mailing address Thomas Hall 2212 Mickie Avenue Bronx, NY 10469	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,664.00	\$2,664.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address William Mackeigan 60 Marcia Road Ringwood, NJ 07456	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$12,850.00	\$4,158.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address A. Duie Pyle, Inc. PO Box 564 West Chester, PA 19381-0564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$30.00	
Date(s) debt was incurred		Basis for the claim: __		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.2	Nonpriority creditor's name and mailing address Aboyoun & Heller LLC 77 Bloomfield Avenue Pine Brook, NJ 07058	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,467.87	
Date(s) debt was incurred		Basis for the claim: __		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.3	Nonpriority creditor's name and mailing address Auto Alert, LLC 9050 Irvine Center Drive Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$3,758.74	
Date(s) debt was incurred		Basis for the claim: __		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

3.4	Nonpriority creditor's name and mailing address Auto Design NYC 255 10th Avenue New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,168.50
3.5	Nonpriority creditor's name and mailing address Autocheck Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.6	Nonpriority creditor's name and mailing address Avenue Media LLC 72 Madison Avenue New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.7	Nonpriority creditor's name and mailing address Bisma Mobil Service 718 11th Avenue New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.40
3.8	Nonpriority creditor's name and mailing address Bloomberg Communications, Inc. PO Box 416985 Boston, MA 02241-6985 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,544.77
3.9	Nonpriority creditor's name and mailing address Cargurus PO Box 419008 Boston, MA 02241-9008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.10	Nonpriority creditor's name and mailing address Carnow Inc. 25 South Park Street Hanover, NH 03755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,180.00

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

3.11	Nonpriority creditor's name and mailing address Cars.com, LLC 2631 Solution Center Chicago, IL 60677-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.12	Nonpriority creditor's name and mailing address CBS 880AM Radio 1271 Avenue of the Americas 44th Floor New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.13	Nonpriority creditor's name and mailing address Con Edison 4 Irving Place New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,905.99
3.14	Nonpriority creditor's name and mailing address Corelogic Credco LLC PO Box 847070 Dallas, TX 75284-7070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.16
3.15	Nonpriority creditor's name and mailing address Dealer Dot Com Inc. PO Box 417785 Boston, MA 02241-7785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,820.67
3.16	Nonpriority creditor's name and mailing address Dealer Socket PO Box 845423 Los Angeles, CA 90084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,966.27
3.17	Nonpriority creditor's name and mailing address Dealer Solutions One PO Box 215 Clearwater, FL 33757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00

Debtor **ISCOM NY, LLC**

Case number (if known) _____

Name

3.18	Nonpriority creditor's name and mailing address Dealerrater.com, LLC 75 Remittance Dr. Dept. 6767 Chicago, IL 60675-6767 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,047.00
3.19	Nonpriority creditor's name and mailing address Dealertrack Techonologies 111 Marcus Avenue, Suite M04 New Hyde Park, NY 11042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,955.40
3.20	Nonpriority creditor's name and mailing address Dynamix Paint Works 72-73 Calamus Avenue Woodside, NY 11377 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.21	Nonpriority creditor's name and mailing address Edmunds.com, Inc. PO Box 783531 Philadelphia, PA 19178-3531 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,719.51
3.22	Nonpriority creditor's name and mailing address Empire State Towing 1403 Story Avenue Bronx, NY 10473 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,180.00
3.23	Nonpriority creditor's name and mailing address Experian PO Box 73774 Chicago, IL 60673-7774 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,061.52
3.24	Nonpriority creditor's name and mailing address FEDEX PO Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.38

Debtor **ISCOM NY, LLC**

Case number (if known) _____

Name

3.25	Nonpriority creditor's name and mailing address Greater New York Auto Dealers 18-10 Whitestone Expressway Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.26	Nonpriority creditor's name and mailing address Jason Standard and Company LLC 180 E. Prospect Avenue Suite 183 Mamaroneck, NY 10543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
3.27	Nonpriority creditor's name and mailing address Liberty Glass 6502 Queens Blvd. Woodside, NY 11377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.28	Nonpriority creditor's name and mailing address Lojack PO Box 846111 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.00
3.29	Nonpriority creditor's name and mailing address Manhattan Fire & Safety Corp. 242 W. 30th Street 7th Floor New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.88
3.30	Nonpriority creditor's name and mailing address Maserati NA 250 Sylvan Avenue Englewood Cliffs, NJ 07632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Motorsports Consultants LLC 505 Eder Road Stormville, NY 12582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

3.32	Nonpriority creditor's name and mailing address New York Design Architects LLP 175 West Broadway New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,782.10
3.33	Nonpriority creditor's name and mailing address New York State Auto Dealers Group Insurance Trust P.O. Box 7347 Albany, NY 12224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address New York State Insurance Fund Workers' Compensation P.O. Box 5238 New York, NY 10008-5238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	Nonpriority creditor's name and mailing address NY State Thruway Authority RR 5 Schenectady, NY 12309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.36	Nonpriority creditor's name and mailing address NYC Automotive 607 West 47th Street New York, NY 10036-1908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address NYS Dept. of Motor Vehicles 6 Empire States Plaza Albany, NY 12228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.38	Nonpriority creditor's name and mailing address NYS Dept. of Transportation Main Office 50 Wolf Road Albany, NY 12232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

3.39	Nonpriority creditor's name and mailing address NYS Deptment of Labor P.O. Box 15130 Albany, NY 12212-5130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address One Service Source Inc. PO Box 40 Carle Place, NY 11514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,520.63
3.41	Nonpriority creditor's name and mailing address One York Property, LLC 40 Worth Street, Suite 814 New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,466.68
3.42	Nonpriority creditor's name and mailing address Onsite Wheel Repair Inc. 271 Riley Road New Windsor, NY 12553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,350.00
3.43	Nonpriority creditor's name and mailing address Outsource Consultants, Inc. 237 W. 35th Street Floor 12A New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.44	Nonpriority creditor's name and mailing address Peak Performance 26025 Mureau Road Calabasas, CA 91302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,612.02
3.45	Nonpriority creditor's name and mailing address Prestige Car Care of NY 104-55 42nd Avenue Corona, NY 11368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,560.00

Debtor ISCOM NY, LLC		Case number (if known) _____	
Name _____			
3.46	Nonpriority creditor's name and mailing address Reynolds & Reynolds PO Box 182206 Columbus, OH 43218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Rojo Auto Body Corp. 8720 Foster Avenue Brooklyn, NY 11236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,875.00
3.48	Nonpriority creditor's name and mailing address Safe-Guard Products Int'l Two Concourse Pkwy Suite 500 Atlanta, GA 30328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,943.00
3.49	Nonpriority creditor's name and mailing address Social Media Mgmt Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.00
3.50	Nonpriority creditor's name and mailing address Sopus Products PO Box 7247-6236 Philadelphia, PA 19170 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,828.80
3.51	Nonpriority creditor's name and mailing address The Art of Tint Corp. 200 Rector Place, Suite 5M New York, NY 10280 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.52	Nonpriority creditor's name and mailing address The Dent Specialist PO Box 92 Jericho, NY 11753 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00

Debtor **ISCOM NY, LLC**
Name

Case number (if known)

3.53	Nonpriority creditor's name and mailing address Time Warner Cable PO Box 11820 Newark, NJ 07101-8120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,699.66
3.54	Nonpriority creditor's name and mailing address True Car, Inc. Dept. LA 24198 Pasadena, CA 91185-4198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.54
3.55	Nonpriority creditor's name and mailing address U.S. Dept. of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address UAW 140 Sylvan Avenue Suite 303 Englewood Cliffs, NJ 07632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.58	Nonpriority creditor's name and mailing address Wholesale Auto Supply Co. 22 Florence Street South Hackensack, NJ 07606-1591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$979.53
3.59	Nonpriority creditor's name and mailing address Withum 5 Vaughn Drive Princeton, NJ 08540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.50

Debtor	ISCOM NY, LLC <small>Name</small>	Case number (if known) _____
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3.60	Nonpriority creditor's name and mailing address Workers' Compensation Board 328 State Street Schenectady, NY 12305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.61	Nonpriority creditor's name and mailing address Wurth USA Inc. PO Box 415889 Boston, MA 02241-5889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.83
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3.62	Nonpriority creditor's name and mailing address YELP Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,485.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Total of claim amounts </div>
5a. Total claims from Part 1	5a. \$ 420,052.00
5b. Total claims from Part 2	5b. + \$ 319,612.35
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 739,664.35

Fill in this information to identify the case:

Debtor name ISCOM NY, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Retail Sales and Service Agreement**

State the term remaining

List the contract number of any government contract _____

**Maserati North America, Inc.
250 Sylvan Avenue
Englewood Cliffs, NJ 07632**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Month-to-Month Tenancy**

State the term remaining **Month-to-Month**

List the contract number of any government contract _____

**One York Property, LLC
40 Worth Street, Suite 814
New York, NY 10013**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Internet**

State the term remaining

List the contract number of any government contract _____

**Time Warner Cable Enterprises
120 East 23rd Street
New York, NY 10010**

Fill in this information to identify the case:

Debtor name ISCOM NY, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Alex Boyko	3201 NE 183rd Street #2302 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Alex Boyko	3201 NE 183rd Street #2302 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Bay Ridge Automotive Co., LLC	612 86th Street Brooklyn, NY 11228	JP Morgan Chase Bank, NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Bay Ridge Automotive Co., LLC	612 86th Street Brooklyn, NY 11228	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 BICOM NY, LLC	787 11th Avenue New York, NY 10019	JP Morgan Chase Bank, NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **ISCOM NY, LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	BICOM NY, LLC	787 11th Avenue New York, NY 10019	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	BICOM NY, LLC	787 11th Avenue New York, NY 10019	One York Property, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Gary Flom	50 Riverside Blvd. #10A New York, NY 10069	JP Morgan Chase Bank, NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Gary Flom	50 Riverside Blvd. #10A New York, NY 10169	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Venamin Nilva	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Venamin Nilva	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name Bay Ridge Automotive Company, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Alex Boyko	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Alex Boyko	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	TD Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 BICOM NY, LLC	787 11th Avenue New York, NY 10019	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Gary Flom	50 Riverside Blvd. #10A New York, NY 10169	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Gary Flom	50 Riverside Blvd. #10A New York, NY 10169	TD Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Bay Ridge Automotive Company, LLC

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	ISCOM NY, LLC	1 York Street New York, NY 10013	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Venamin Nilva	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	JP Morgan Chase Bank, NA	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Venamin Nilva	3201 NE 183rd Street #2004 North Miami Beach, FL 33160	TD Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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